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Expanding 'Family Education' Programs for Intensive Residential Treatment Services (IRTS): A Study of Minnesota IRTS Programs

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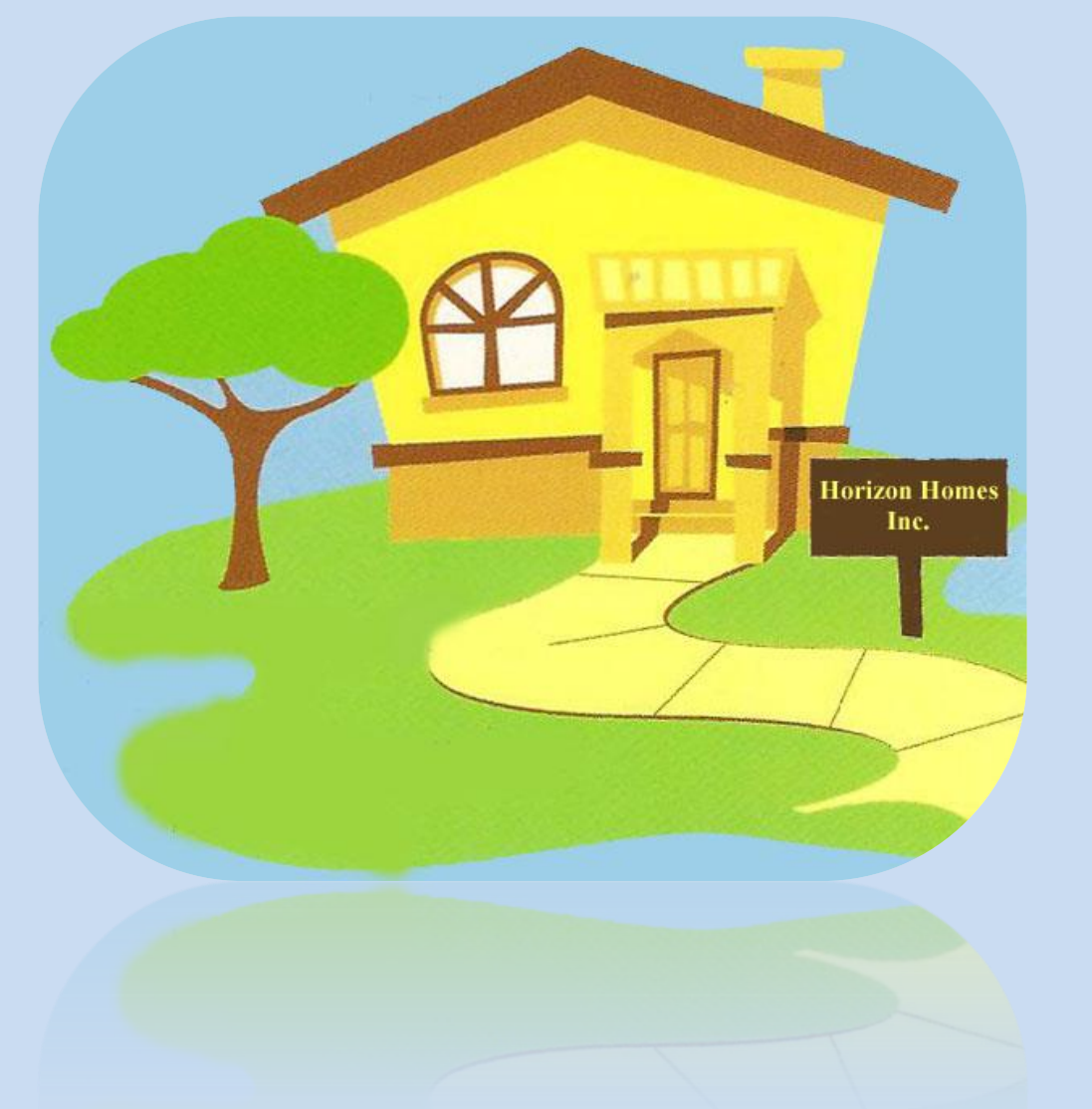
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Expanding 'Family Education' Programs for Intensive Residential Treatment Services (IRTS): A Study of Minnesota IRTS Programs



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Purpose

Intensive Residential Treatment Services (IRTS) programs provide mental health treatment to adults with a Severe and Persistent Mental Illness (SPMI). The programs are required by the state of Minnesota to offer family education and support to clients and their families while the clients are receiving IRTS treatment. The purpose of this project was to assess IRTS programs across the state, and in conclusion, provide an expansive family education program at Horizon Homes, Inc. IRTS program in South Central Minnesota.

Methodology

A systematic literature review was conducted related to the subjects of family support and the benefits of family involvement when a loved one is receiving mental health treatment.

A standardized cross-sectional questionnaire totaling 11 questions was sent out via email to 37 IRTS programs in Minnesota. A combination of qualitative and quantitative data was collected from 21 out of 37 treatment and program directors related to the subject of family education and supports within their IRTS facility. Data was collected anonymously from participants, which resulted in a summary of overall program practices across the state.

Results were analyzed based on similar responses and then categorized by new intervention techniques to determine answers and explanations of the research questions.

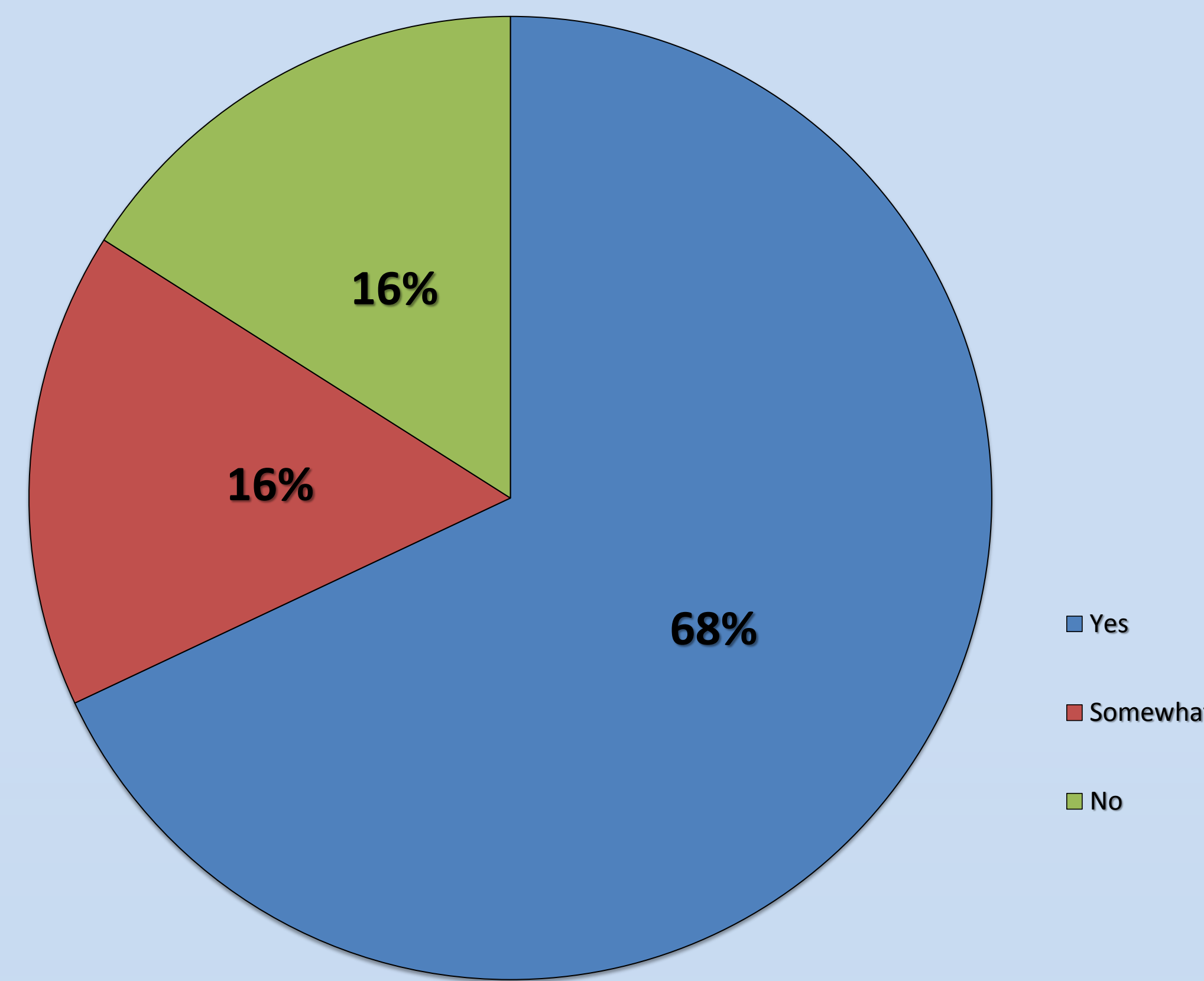
Review of Literature

- Individuals with a mental illness are more likely to have a successful recovery from their disorder when their families play a positive role in their treatment (Schnell, 2004).
- People without family support are at a significant disadvantage and may require more formal treatment services and public assistance than those whose relatives give such support (Clark, 2001).
- A direct correlation exists between less perceived social support and clinical presentation including increased psychopathology (Schnell, 2005).
- The more social support and healthy activity involvement, the less likely symptoms will persist (Herrenkohl, 2011).
- Caregivers of someone with a mental illness would like access to a combination of information, education, opportunities for emotional ventilation and support, professional availability during times of crisis, and contact with families who have similar difficulties (Bernheim, 1989).

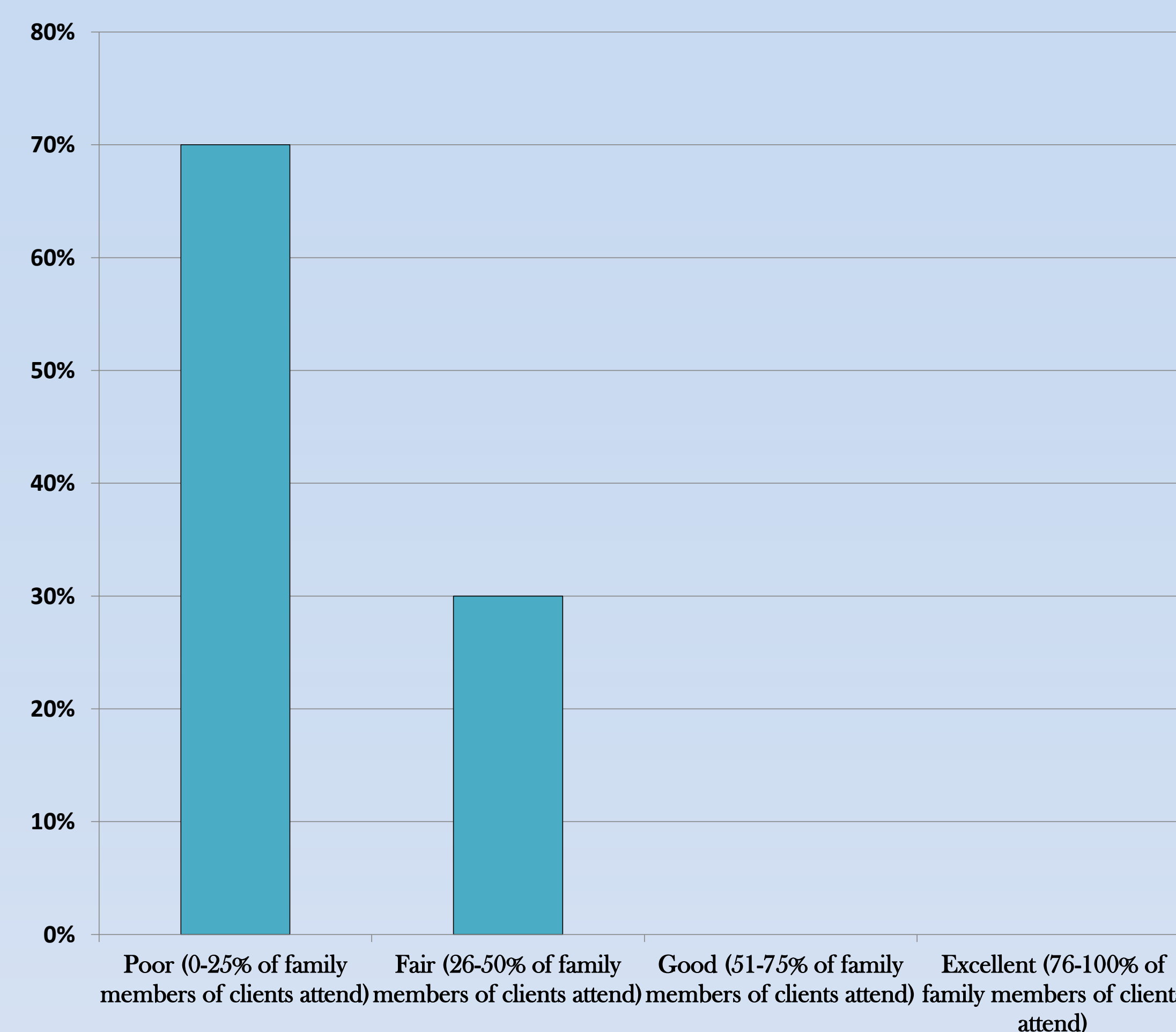
Research Questions

1. *What do IRTS programs in Minnesota offer clients and their families for family education and support?*
2. *What are the benefits and barriers of family education programs and implementation?*

Have you witnessed the benefits clients receive as a result of family education programs?



Average Family Member Attendance in Family Education Programs



Key Findings

Forty-two percent of all respondents identified their agency as an IRTS program in a rural or small community. Twenty-one percent defined themselves as residing in a suburban community and 37% identified their setting being in an urban community.

Findings conclude clients are more likely to have lower levels of stress, more success in treatment, and have improved relationships and interpersonal success if they have family support throughout treatment. Distance, lack of resources, and inadequate family members' support prove to be barriers to family involvement state wide. Some of the benefits identified by survey participants include reduction in overall stress for family and consumers; improvements in relationships and interpersonal effectiveness; a positive future outlook; a successful transition back into the community; and lower IRTS program recidivism rates.

Limitations

Although investigators received an overall 57% response rate, 16 facilities contacted did not complete this survey. Participants were also able to pick and choose which questions they wanted to answer, leaving researchers with an inconsistent response for each question. Additionally, time was a factor as participants were given just two weeks to respond to the survey. Future studies similar to this may include a phone or in-person interview with each facility to gain more in-depth information about each program regarding the agency culture and community outreach techniques used to reach families, especially in rural areas of the state.

Implications for Practice and Recommendations

Results allow for a more comprehensive expansion of IRTS Family Education programs throughout the state. It will also provide the framework for these programs and emphasize the need for family involvement when a loved one resides in an IRTS program. Each study participant may also use this information to further grow their individual agency's family education program thus creating a stronger support system for clients with a SPMI and their communities. The bar graph to the left shows that 70% of respondents identified their family education attendance rate to be "poor". This data along with comments from respondents indicates a need for more education and outreach throughout the state regarding the significance of family education. We recommend that IRTS programs connect with stakeholders and network with outpatient settings and advocacy groups for clients with a SPMI and their family members to know the significance of family support.

Specific information gained from this study has resulted in the development of a 'Family Support and Education' brochure for Horizon Homes, Inc. IRTS program and beginning stages of a family education event.

References are available upon request.

